

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

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JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s):	Paul A. Worsowicz; Heidi L. Kro	<u>ll</u>
II. Name of Lobbyist's par	tnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN	
602 229 1191	214 North Main Street, Col	
603-228-1181	603-226-3477	worsowicz@gglaw.com (Email)
(Telephone)	(Fax)	(Ellian)
	(Choose one – file separate reports for tions which are not attributable to any	each client, OR you may file a separate report for one client.)
All reportable transaction	ctions occurring in the month prior to the	reporting date relative to the following client.
	LIFE COPING	INC.
(F	ull Name of Client as it appears on the Lo	bbyist Registration Form)
All reportable transac unrelated to any parti	•	rist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017	July 26, 2017 🗵
•	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
•	<u> </u>	January 24, 2018 □
	October 25, 2017	activity from 10/1/17 to 12/31/17
activi	ity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no fees If this box is checked, comple Concord, NH 03301.	received and no reportable transaction tete just this form and submit it to the Secr	ns made since the last report. Letary of State's Office, State House, Room 204,
VI. Check if additional re	norts are attached:	
	fees or made expenditures, you must file	Addendum A – Fees and Expenses
A		
		nust file Addendum B – Report of Honorariums or
Expense Reimburser	nent	ons, you must file Addendum C - Political Contributions
If you, your firm, or	your family has made pointear contribution	ons, you must me Addendam e Tomed controlled
Sworn Statement/Affirmat	ion by Labbyist	
I have read RSA 15 RSA 15	i-B and RSA 664 and hereby swear or aff	irm that the foregoing information is true and complete
to the best of my knowledge	and belief.	
-		
10.	. /	-24-12
J But a V	orsome,	(Date)
(Signature of Lobbyist)	\mathcal{J}	(Date)
Paul A. Worsowicz		
(Print Name of lobbyist)		
(* 11111 1 101110 OI 1000 J 101)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	s) Paul A. Worsowicz; Heidi L. Kroll										
II. Name of lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. (Name of partnership, firm or corporation)											
							III. Name of Client	LIFE COPING, INC.	Date	July 26, 20)17
							lobbying, including fee	unt of all fees received from the client identified above tes for services such as public advocacy, government relaintoring legislation, and related legal work. The gross for	tions, or	public relation	ons services,
a) Total of all fees reco	eived in this reporting period		a) \$	4,875.00							
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	6,600.00							
c) Total of all fees reco (Add lines a and b)	eived to date.		c) \$ 	11,475.00							
d) Indicate the amount yet been paid.	t of any such fees that are due, but have not		d) \$.00							
fees. Separate reports lobbyist(s)/firm that ar are to be reported in a reporting period for sexpenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each individual covered by (a) (for exagiven to the subject o legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each cle unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggrega alaries, benefits, support staff, and office expenses; (penditure was of \$25.00 or less (for example: meals process, purchase of a pen with a value of less than \$10 the ial object given to a person being lobbied with a value vidual expenditure made during this reporting period of ample: purchase of a meal with value of greater than \$2 flobbying with a value greater than \$25, but not greater than \$25 for honorariums, expense reimbursement, or and should not be reported on Addendum A.	ient and filed for te total of the agurchased nat is given of \$25.0 greater to 5, purchater than	if expenditure the lobbyist(of all expense ggregate total during a busien to the per 10 or less); a han \$25.00 fease of a cerer \$50, restaura	es are made by the s)/firm. Expenses es paid during the lof all individual siness lunch where son being lobbied, and (c) an itemized or any purpose not nonial object to be ant expenses for a							
support staff, and office b) Total aggregate of o	penses for this reporting period for salaries, benefits, be expenses, related directly or indirectly to lobbying. expenditures during this reporting period, not reported	a) : b) :		4,875.00							
in a), of \$25 or less.		c) :	\$.00_							
c) Total of all itemize	d expenditures reported in detail in section VI.	,		00							

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.					
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	4,875.00			
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	4,975.00			
f) Total of all expenses year to date.	f) \$	9,850.00			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.					
Paid to:	Amo				
	_ s				
	_ \$				
· · · · · · · · · · · · · · · · · · ·	\$				
	\$				
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fis true and complete to the best of my knowledge and belief.	oregoing in	formation			
Com Miletana Too	24-17				
(Signature of lobbyist) 7 (Signature of lobbyist)	<u> </u>				
Paul A. Worsowicz (Print Name of Lobbyist)					

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

(Print Name of lobbyist)

Statement of Income and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Life Coping, Inc.						
Date of Report (che	eck one):					
April 26, 2017 □	July 26, 2017 🔀	October 25, 2017 🗆	January 24, 2018 □			
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):						
1 Addendum A(s).					
_0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.						
(Signature of Lobb	لما		7)18/17 (Date)			
(- 2	yisi <i>)</i>		(Date)			
Heidi L. Kroll						